

Rhode Island

Building Critical Infrastructure to Provide Standardized Oral Health Screening

Public Health Problem

In 1998, Rhode Island did not have an oral health program within the state health department. Without a state dental director or program, Rhode Island had limited capacity to plan, implement, and evaluate oral disease prevention programs for at-risk children or gather surveillance information. In 1996, only 28% of children under age 14 years in Rhode Island's Medicaid program had received dental sealants, plastic coatings placed in the pits and grooves of molar teeth to prevent cavities; 35% of children screened in 1998 in 10 Providence inner-city elementary schools had unmet oral health needs.

Evidence That Prevention Works

The number of teeth with dental decay has declined dramatically among U.S. school-aged children because of preventive measures such as community water fluoridation and the use of fluoride toothpastes and mouthrinses. Dental sealants complement fluoride use by further reducing dental decay. Despite these gains, dental decay remains a significant problem for many children, especially poor children and those of some racial and ethnic groups.

Program Example

The *Healthy Schools! Healthy Kids! (HS!HK!) Oral Health Initiative* is a statewide effort supported by CDC to improve the oral health of Rhode Island children through school and community partnerships. The program is a collaborative effort by the Rhode Island Department of Education and the Rhode Island Department of Health. Activities have included the formation of the statewide *HS!HK!* Steering Committee, made up of members from more than 30 state, public, and private agencies, foundations, or organizations. Since implementing the cooperative agreement with CDC, the state has hired a dental director, a health promotion specialist, and an oral health program coordinator. The oral health staff, in conjunction with the Rhode Island Department of Education, worked to change state regulations and to implement these changes beginning with the 2000–2001 school year. Schools are now required to provide annual standardized oral health screenings for school-aged children in grades K–5, and once for those in the 7th through 12th grades. Parents of children requiring follow-up treatment are notified and given a referral list of community-based oral health providers. A standardized screening form was designed to collect data on children's oral health in order to define current needs and guide future oral health programs.

Implications

Rhode Island has been successful in expanding and enhancing its state oral health programs because it has in place the three components of oral health infrastructure mentioned in the Association of State and Territorial Dental Directors report, *Building Infrastructure and Capacity in State and Territorial Oral Health Programs*: leadership to address oral health problems, development and promotion of policies for better oral health, and improvement of oral health systems.

Contact Information